

## **Consultee-Centered Consultation with a Teacher as a Technique in Behavior Management<sup>1</sup>**

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*Client-centered consultation was effective in helping a teacher to decrease one child's disruptive classroom behavior, and consultee-centered consultation helped the teacher improve her control of the class as a whole. Initially, a client-centered reinforcement program effectively decreased the disruptive behavior of one target child. Later, attention to the teacher's feelings about being the authority figure in the classroom was used in an attempt to modify the behavior of the entire class. The data describing the behavior of a second child in the classroom suggested that this consultee-centered consultation was followed by less classroom disruption. In addition, anecdotal observations indicated that consultee-centered consultation was effective in modifying the behavior of both the teacher and the rest of the class.*

The increased focus on a preventive approach to mental health and the related emphasis on indirect rather than direct mental health service to clients have contributed to the extensive attention given to mental health consultation in a variety of community settings (Caplan, 1970). Concomitantly, there has been a greater focus on mental health consultation as one part of psychological services in the schools (Berlin, 1967; Fine & Tyler, 1971; Meyers, 1973), where Caplan's (1970) distinction between client-centered and consultee-centered consultation has been useful. Briefly, in client-centered consultation the teacher's problem relates to the management of a specific student(s), and the consultant helps to focus on a solution for this student's problem. In consultee-centered consulta-

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tion, the consultant focuses on the difficulty of the teacher (consultee) rather than on the student (client).

A review of the literature reveals a serious weakness in that there is very little empirical research relating to mental health consultation in schools (Meyers, 1973). Even though Caplan (1970) has underscored the importance of developing adequate research techniques to demonstrate the effectiveness of consultee-centered consultation, there are few examples of related empirical investigations. Furthermore, the few attempts to research this area have been weak in their reliance on self-report measures rather than systematic behavioral observations as the criterion for effectiveness of consultation (Schmuck, 1968; Tobiesen & Shai, 1971).

Behavior modification constitutes one approach to client-centered case consultation, and this is a form of mental health consultation for which there are data demonstrating effectiveness in changing student behavior. Several studies have demonstrated that teacher attention can be used to modify a variety of student behaviors (Cossairt, Hall, & Hopkins, 1973; Hall, Lund, & Jackson, 1968; Thomas, Becker, & Armstrong, 1968). However, a recent investigation (Cossairt et al., 1973) accurately noted that most of this research has not examined the techniques which the consultant can use to modify the teacher's behavior. Furthermore, Abidin (1972) has suggested that the effects of behavior modification may fail to generalize when the consultant does not attend to the teacher's values and expectancies. Caplan's (1970) consultee-centered consultation provides one framework within which the consultant can communicate understanding for the teacher's values and expectancies, and consultee-centered techniques may often provide an important supplement to some client-centered techniques. The general importance of consultee-centered consultation is one reason why related research is needed.

The purpose of this paper is to present data supporting the effectiveness of both client-centered and consultee-centered consultation. Particular emphasis is given to the data which suggest that attention to teacher affect through consultee-centered consultation can have a generalized effect in reducing disruptive classroom behavior.

## METHOD

### *Subjects and Setting*

This study was carried out at an elementary school in a predominantly black urban area. A first-year teacher of a third-grade classroom with 25 students requested the psychologist's help with classroom management. Continuous student disruption, lack of teacher control, and frequent yelling by the teacher

characterized the classroom. This classroom is the setting in which this study was carried out.

Two of the children whom the teacher perceived as her greatest problems were observed, and client-centered consultation led to an individual treatment plan for one of these Ss. The original plan was to implement successive treatments for each child; however, only one S received individual treatment because behavior problems with the class as a whole dictated a shift from client-centered to consultee-centered consultation.

### *Experimental Procedures*

Disruptive behavior was recorded with a check for every 10-second interval in which the observed student showed any disruptive behavior. Each time a child was observed, his behavior was recorded for a 10-minute period. Percent of intervals containing disruptive behavior was defined as the number of 10-second intervals within a 10-minute period in which disruptive behavior was recorded, divided by the total number of 10-second intervals, multiplied by 100.

Disruptive behavior was defined as any out-of-seat behavior (i.e., running, fighting, or standing more than 3 feet away from the student's desk) or any talking behavior (i.e., any inappropriate vocalization that was audible to the observer) which was not part of the class assignment. One of the two students ( $S_1$ ) was chosen as the focus of individual remedial efforts. This girl's disruptive behaviors included leaving her seat, calling out, talking to others, not attending to classroom work, and following the teacher around the room. One important characteristic was that these behaviors indicated that  $S_1$  may have been seeking teacher attention, and during baseline condition we observed that she would often smile and change her behavior when receiving teacher attention.  $S_1$  was chosen as the initial focus of consultation techniques since her behavior had the potential to be modified by teacher attention.

Reliability checks were taken on 3 separate occasions of one hour each. A second observer made simultaneous observations of the same two children on these occasions. Agreements were determined according to whether or not each 10-second interval contained disruptive behavior. Percent of observer agreement as to whether the 10-second intervals contained disruptive behavior was computed by dividing the number of intervals of agreement by the total number of intervals, multiplied by 100. Reliability coefficients of 89%, 83%, and 91% were obtained.

The teacher and psychologist developed a treatment plan for  $S_1$  which included two aspects. First, the teacher was instructed to use positive attention to reinforce any of  $S_1$ 's nondisruptive behaviors which she observed. Thus, the teacher reinforced  $S_1$  when  $S_1$  was both not talking and seated with her head directed toward the book or the teacher. The second part of the treatment plan

was that the teacher was instructed to either ignore disruptive behavior, or discipline  $S_1$  in a relatively nonemotional manner. Nonemotional discipline included firm reprimands but it excluded shouting by the teacher.

Positive attention was described to the teacher in terms of verbal and non-verbal behavior. Verbal positive attention included any positive praise statements, such as: (1) "I am happy to see you working." (2) "You have really been paying attention today." (3) "I like the way  $S_1$  is listening to our story." Non-verbal positive attention included teacher-initiated positive physical contact between teacher and child and teacher's smiles directed toward  $S_1$ .

### *Experimental Conditions*

*Baseline Condition.* The baseline condition consisted of observing the percentage of 10-second intervals within each 10-minute period that the two students ( $S_1$  and  $S_2$ ) exhibited disruptive behavior. The operant level of disruptive behavior was determined for  $S_1$  from 12 observation periods obtained during the first 8 days of the study. The disruptive behavior for  $S_2$  in this condition was determined from 14 observation periods obtained during the first 8 days of the study. There were not an equal number of 10-minute observations of the two students during baseline, and this was also the case in each of the subsequent experimental conditions. In addition, for any one of the two  $S$ s, the number of 10-minute observation periods was not equal across the 4 different experimental conditions. The unequal number of observation periods occurred in this study for two reasons. First, on some days one or more children were absent or out of the room. Second, the problems in the entire class were judged to be serious enough to take precedence over a perfectly designed investigation of one child's behavior. Consequently, time pressures resulted in shortened treatment and reversal conditions, and a lengthened reinstatement of treatment condition.

*Treatment Condition.* During the treatment for  $S_1$ , the teacher reinforced  $S_1$ 's nondisruptive behavior with positive attention and tried to ignore  $S_1$ 's disruptive behavior. There were 10 observation periods for  $S_1$  and 6 observation periods for  $S_2$  during the 4 days in which treatment data were collected.

Two specific steps were taken to support the teacher's implementation of the treatment plan. First, client-centered consultation conferences were held in which the consultant sought the teacher's suggestions. Second, after each observation the consultant left brief notes to the teacher describing instances where she had successfully implemented the reinforcement program and also describing incidents where she had not adequately implemented the reinforcement program.

*Reversal Condition.* During the reversal condition, the teacher discontinued the treatment for  $S_1$ . The percentage of disruptive behavior was determined from 10 observation periods for  $S_1$  and 6 observation periods for  $S_2$  during the 4 days of the reversal condition.

*Reinstatement of Treatment Condition.* Subsequent to the reversal condition, the teacher was instructed to reinstate the treatment condition for  $S_1$ . The disruptive behavior during this condition was determined from 20 10-minute observations for  $S_1$  and 18 10-minute observations for  $S_2$ . This condition lasted for 8 days.

### *Consultee-Centered Consultation*

Although the reinforcement program was apparently successful in modifying the behavior of  $S_1$ , the entire class remained at a high level of disruptive behavior throughout the baseline, treatment, and reversal conditions. The consistently high level of disruptive behavior was noted during informal observation by both the observer and the teacher's supervisor. Moreover, conversations with the teacher's supervisor revealed that not only the teacher but also the school administration was seriously concerned about the high level of disruption existing in this classroom.

It was determined that in addition to the treatment program for  $S_1$ , something immediate had to be done for the whole classroom. Therefore, even though consultee-centered consultation was not part of the experimental design, it was used concurrent with the reinstatement of treatment condition. This confounded the experimental results for both reinstatement of treatment and consultee-centered consultation.

The teacher had ambivalent feelings about being an authority figure and it was hypothesized that these feelings might interfere with her ability to control the class. For example, it was noted that the teacher treated her class in an apologetic manner, often explaining and excusing her actions. It appeared that she was not comfortable in the role of the authority figure, and during one consultation conference the teacher responded to a suggestion by saying, "The children would never let me get away with that."

The decision to use consultee-centered consultation was made during a teacher conference and consequently there was no prior chance to define experimental procedures. On the other hand, after the consultee-centered consultation sessions were completed, the procedures were defined as discussions in which the consultant mentioned observations regarding the teacher's feelings about being an authority figure and sought the teacher's reactions. They discussed her role in the classroom and the consultant reinforced the idea that as the teacher she was the authority in the classroom. These discussions helped the teacher verbalize her feeling that she had not felt comfortable as the class's authority figure and that this discomfort had interfered with her ability to teach the youngsters. Throughout these discussions, the consultant attempted to clarify what the teacher said about her feelings as an authority figure. In addition, the teacher was praised for verbalizing her feelings about being an authority figure. A total of three consultee-centered consultation sessions, lasting from 15 to 40 minutes,

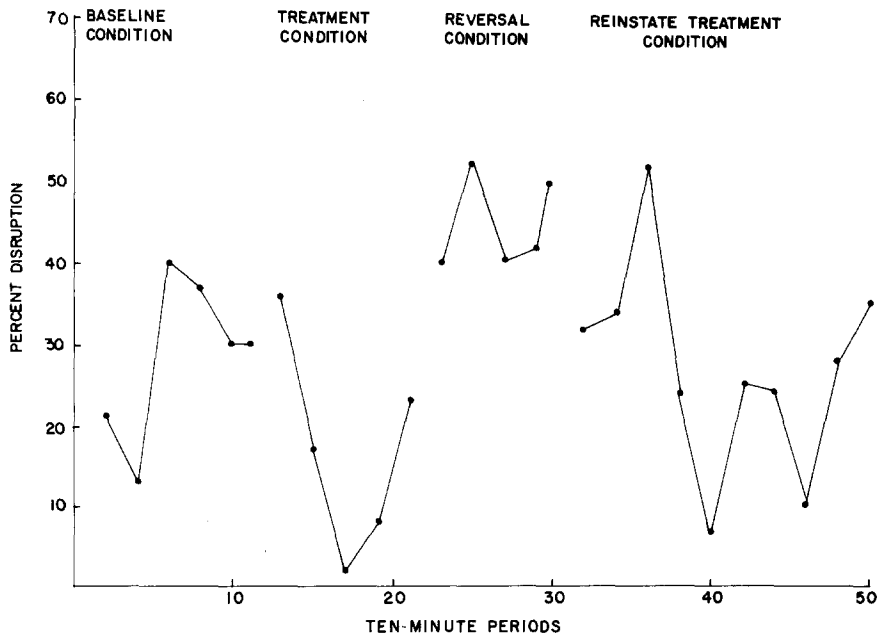


Fig. 1. Percent of disruptive behavior during the four experimental conditions for  $S_1$ . (Each point represents the combination of two observation periods.)

were devoted to the teacher's conflicts about being the authority figure, and they took place during the first two days of the reinstatement of treatment condition.

## RESULTS

The study used a reversal design (A-B, A<sub>2</sub>-B<sub>2</sub>) for  $S_1$ . Figure 1 presents the percentage of disruptive behavior for  $S_1$  during each of the four conditions (baseline, treatment, reversal, and reinstatement of treatment). During baseline there was a mean of 27% disruptive behavior. The second portion of Figure 1 reveals that there was a decline in disruptive behavior after treatment was implemented (average disruptive behavior = 17%). During the reversal condition, disruptive behavior increased (average disruptive behavior = 44%). The reinstatement of reinforcement contingencies was followed by another decrease in  $S_1$ 's disruptive behavior (average disruptive behavior = 27%). Although the 27% disruptive behavior in the last condition represents a reduction from the 44% disruptive behavior during the reversal condition, it is no lower than the 27% reported during the baseline condition. However, a careful inspection of Figure 1 reveals that during the reinstatement of treatment condition there was a greater

decrease in disruptive behavior after the first six observation periods (the first three points representing this condition on the graph). Apparently, the reversal was so effective with this child that it took two days to bring her disruptive behavior back down.

Since an A-B, A,-B, reversal design was used in this study, one-way analysis of variance procedures were used, consistent with the approach described by Gentile, Roden, and Klein (1972). In support of the observed reduction in  $S_1$ 's disruptive behavior, this analysis revealed a significant treatment effect for  $S_1$  ( $F = 6.35$ ;  $df = 1,52$ ;  $p < .05$ ).

Although the original treatment was directed toward  $S_1$ , data were also collected for  $S_2$ . Figure 2 reveals that during  $S_1$ 's baseline, treatment, and reversal periods the behavior of  $S_2$  remained variable and unchanged. These data indicate that the treatment directed toward  $S_1$  had no effect on the behavior of  $S_2$ , but they tend to suggest that consultee-centered consultation with this teacher decreased  $S_2$ 's disruptive behavior.

Figure 2 shows that subsequent to the consultee-centered consultation (i.e., during the reinstatement of treatment condition) both the level and the variability of  $S_2$ 's disruptive behavior decreased sharply. Since  $S_2$ 's behavior had not been changed by the original treatment condition for  $S_1$ , it can be argued

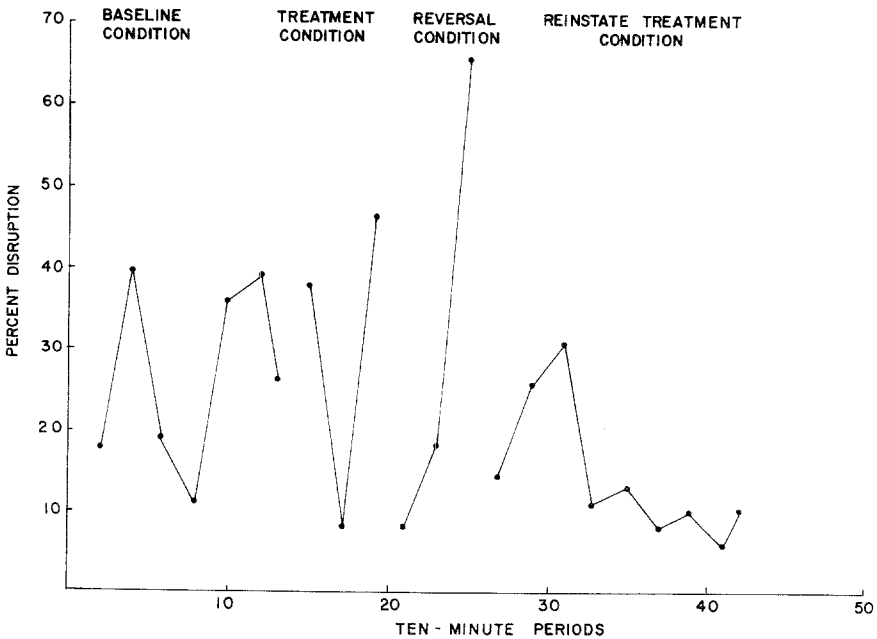


Fig. 2. Percent of disruptive behavior during the four experimental conditions for  $S_2$ . (Each point represents the combination of two observation periods.)

that  $S_2$ 's behavior would also have remained unchanged in response to the reinstatement of the same treatment condition for  $S_1$ . One additional factor (consultee-centered consultation) was systematically manipulated during the reinstatement of treatment condition. Therefore, this factor (consultee-centered consultation) may have been responsible for the observed changes in  $S_2$ 's behavior.

## DISCUSSION

The major contribution of this study is that it is among the first to present data which indicate that consultee-centered consultation with a teacher regarding her attitudes and feelings can produce measurable changes in the behavior of children in the classroom. In this particular case, client-centered consultation about behavior modification helped a teacher to change the behavior of one child. The introduction of consultee-centered consultation focusing on the teacher's feelings as an authority figure was followed by a general increase in the teacher's effectiveness. The use of both forms of consultation contributed to the successful management of highly disruptive students. Furthermore, consultee-centered consultation proved to be an economical technique (only 3 sessions) with the apparent power to induce quick changes in disruptive student behavior.

This study successfully replicated one aspect of past research in behavior modification. It was found that teacher attention to nondisruptive behavior and ignoring of disruptive behavior led to a decrease in the disruptive behavior of one child. However, while this procedure had no observable effect on the remainder of the class, the consultee-centered consultation appears to have been followed by such generalized changes.

The observed changes in the disruptive behavior of  $S_2$  were the primary basis for concluding that consultee-centered consultation did have a generalized effect. However, anecdotal observations of the class provided additional information suggesting that this technique was successful, since the dramatic decrease in  $S_2$ 's disruptive behavior also appeared to characterize the class as a whole. This general decrease in disruptive behavior included less inappropriate talking, more in-seat behavior, fewer fights, and generally more orderly behavior. For the first time, the students would consistently respond to the teacher's directions. In one instance, the entire class sat quietly, listening attentively to the teacher read a story for a period of 15 minutes. This sort of control had previously not been observed in this classroom.

There were also changes in the teacher's behavior which supported the conclusion that consultee-centered consultation was successful. However, since this study was not designed to assess the effects of consultee-centered consultation, these changes were determined from informal observations rather than from systematically collected data. In the future, research designed to assess con-



sultee-centered consultation should include systematic observations of teacher behavior.

One of the observed changes occurred during the consultation conferences as the teacher's statements indicated that her feelings about being an authority figure changed. During the first session, the teacher stated that she felt uncomfortable as an authority figure and that she wanted to dissociate herself from such a role. On the other hand, by the third and last consultee-centered consultation conference the teacher's feelings appeared to be more positive. For example, during the last session the teacher mentioned that she had just begun reading a book which had a message relevant to her as a teacher. She indicated that while considering the statement "The home is your castle," the book made an analogy between the home and the classroom: Similar to the home, the classroom should be the teacher's castle. The teacher said she felt that this was the type of authority she would have to use in order to take control of her students.

Changes in the teacher's behavior in the classroom were also observed. One change was that she appeared to gain more control of herself, as she tended to yell less frequently. While shouting by the teacher decreased, often a word from her would be enough to inhibit disruptive behavior during class time. In addition, she was still able to find opportunities for praising the children and showing that she cared about them.

It should be remembered that the results bearing on consultee-centered consultation reported in this paper derive from a case study rather than from an experiment designed a priori to demonstrate the behavioral effects of this technique. In addition, it should be noted that, with the exception of the behavior changes systematically observed in  $S_2$ , the remaining observations of the teacher and the class were all anecdotal. Consequently, the data presented in this paper are limited and should be interpreted with caution.

Perhaps even more important than the actual results, this study reaffirms Caplan's (1970) suggestion that empirical research is needed in this field. It points to one potentially productive approach to research — combining behavior-modification techniques with consultee-centered consultation.

As noted above, the literature in mental health consultation includes little empirical research. Frequently, one finds individual case studies and anecdotes as support for these techniques. One explanation for the dearth of research is that consultee-centered consultation takes on an individual form with each consultee. Therefore, it is presently difficult to define identical procedures for a large number of consultees, and this would be necessary for traditional statistical investigations. At this stage, research in consultee-centered consultation needs to develop experimental designs which are appropriate for studies using small numbers of consultees. This would make it more realistic to define clear consultation procedures while allowing for the individualized consultation that might be necessary.

Experimental designs from research in behavior modification offer one way to develop more intensive investigations with small numbers of consultees.

For example, multiple-baseline designs (Hall, Cristler, Cranston, & Tucker, 1970) are particularly appropriate for research in consultee-centered consultation since they can be used to provide experimental controls and to permit inferences about causality with as few as one or two subjects. Since the effects of consultee-centered consultation may often be assumed to be irreversible, multiple-baseline designs would be a more appropriate way to provide experimental controls than a reversal design. In the present study, a traditional reversal design was used to assess the effects of client-centered consultation on behavior modification in  $S_1$ . The introduction of consultee-centered consultation created a design similar to a multiple baseline, which was used to assess the effects of consultee-centered consultation on  $S_2$ . Since this part of the study was not designed a priori, the reinstatement of treatment condition was confounded with the consultee-centered consultation. Nevertheless, the present study points out the potential for the multiple-baseline design to detect the effects of consultee-centered consultation.

A more precise experimental use of the multiple-baseline design is found in a behavior-modification study designed to investigate procedures for changing teacher behavior (Cossairt et al., 1973). It found that in addition to instruction or feedback, social praise was an important ingredient in changing teacher behavior. Studies like this one can be used as models for developing research designs which are appropriate for consultee-centered consultation.

It was noted above that another weakness of some of the past research in consultee-centered consultation is that self-report measures administered to teachers and students have been used to assess the effectiveness of consultation. While these techniques provide some useful data, it is also important to demonstrate behavioral change resulting from consultation techniques. Research in behavior modification has demonstrated convincingly that behavioral observations can be used to assess the effectiveness of client-centered consultation; research in consultee-centered consultation also needs to develop appropriate observation strategies. In this investigation, systematic behavioral observations of clients revealed effects of both client-centered and consultee-centered consultation. Systematic behavioral observations of the teacher would have also provided important data on the effects of consultee-centered consultation.

In summary, client-centered consultation regarding behavior-modification techniques and consultee-centered consultation were used together to help modify the behavior of disruptive students in school. Although the results of this investigation are tentative, it was suggested that consultee-centered consultation is a potentially powerful and economical way to improve the general effectiveness of some teachers. Finally, this paper has underscored the relative lack of empirical research into the effects of consultee-centered consultation while pointing to some potentially effective experimental designs for future research.

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